

Attachment PHA Data Form

PHA Name: _____

PHA Address: _____

Contact Person: _____

Contact Phone: _____

Field Office: _____

Fiscal Year: Jan.-Dec. ☐ Apr.-Mar. ☐ July-June ☐ Oct.-Sept. ☐

Public Housing		Section 8 Housing Voucher Program	
Number of units		Number of vouchers under lease	
Calendar Year 2006 Allowable Expense Level (AEL)		2-bdrm FMR	
Calendar Year 2007 WAPEL		Total 2006 Administrative Fee	
Transition Funding Amount, PUM			
2005 Capital Fund Grant			
2005 Replacement Housing Fund Grant			